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<b>11</b>	
ARIZONA STATE BOARD OF HEALTH	
I. PLACE OF BIRTH BUREAU OF VIT	AL STATISTICS State File No
County STANDARD CERTIF	FICATE OF BIRTH Registered No. / /
District or Township.	
City City or Village	
Cit (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
It child to not make the child to not make t	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other.	6. Legitimate?
births. 5. No., in order of birth	7. Date of birth april 29-1928
8. FATHER	Month Day Year
Fill name Felix Carrera	Full maiden name
9. Residence	Full maiden name Christina arambula
(Usual place of abode)  If non-resident, give place and state.	15. Residence (Usual place of abode)
10. Color or race	If non-resident, give place and state.
7-11/2	16. Color or race
11. Age at last birthday (Years)	17. Age at last birthday 3 2 (Years)
12. Birthplace (city or place) Machidal Adalogo	18. Birthplace (city or place) Villa Hidalan
(State or country) Jourses Met	(State or country) Online Mat
13. Occupation	19. Occupation
. Nature of industry	Nature of industry house wife
20. Number of children of this mother	
(Taken as of time of birth of child herein (b) Born alive bu	thalmin neonatorum.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *	
hereby tertify that I attended the birth of this child, who was 10 TH WWW.	
or midwife, then the father householden Signature	orn alice or shillborn)
child is one that neither breathes nor	from the
Given name added from	(Physician or midwife)
a supplemental report	30/1666 Marion
Filed M	ay/2 188
Registrar.	Registrar.
15/-429-3//	
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